## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

100123692-1

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS		10				Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			/		* (			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			// minus 3 = *					X42=		OR	X84=	240
Μl	ILTIPLE DEPEN	IDENT CLAIM PI	IESENT					+140=		OR	+280=	
* [1	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	83V
CLAIMS AS AMENDED - PART II								<b>L</b>			OTHER THAN	
(Column 1) CLAIMS				(Column :		(Column 3)		SMALL		OR	SMALL	ENTITY
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	lL	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* ENTATION OF MI	Minus	***	CLAIM	-		X42≈		OR	X84=	
<b>L</b>	, a	11 /1		LIVEIV			1	+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	4 (2 h. SAW 7 4 May 25 1 May 25											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	<u>                                     </u>	$\frac{1}{2}$	X42=		OR	X84=	
<u> </u>	7.1107711202	NATION OF ME	- DETIT CE DET	LINDLINI	CLAIIVI		<sup>1</sup>	+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)					ADDIT: TEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	$\prod$	X\$ 9=		OR	X\$18≈	
	Independent	* INTATION OF MU	Minus	***	F C) A 14 1	=		X42=		OR	X84=	
<b>_</b>	I INST FRESE	INTATION OF MI	JEI IPLE DEF	ENUEN	CLAIM		<b>ا</b> ا	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OB I	TOTAL	
**	If the "Highest Nu	mber Previously Pai nber Previously Pai	aid For" IN THI	S SPACE	is less tha	n 3. enter "3."	ΑL	DDIT. FEE	ropriate box		ADDIT. FEE <b>l</b> umn 1.	